



Employee Compensation Change

Complete this form to change employee compensation.

EMPLOYER INFORMATION

Employer Name: _____ Employer ID:

--	--	--	--	--

Address: _____ City _____ State _____ ZIP _____

Telephone: (____) ____ - _____ Employer Email: _____
This email is used for official communications and secure access to online transactions.

EMPLOYEE INFORMATION

Member ID:

--	--	--	--	--

 -

--	--	--	--

Member Name: Last _____, First _____, Initial _____

COMPENSATION/SALARY INFORMATION

Annual Cash Salary: \$ _____ Salary Effective Date: ____/____/____
MM DD YYYY

Annual Housing Allowance: \$ _____

Annual Cash plus Housing Allowance: \$ _____

Average Number of Hours Worked per week: _____ [] Full Time [] Part Time

You can update employee compensation and employer contribution online at www.employers.pbucc.org.
 After logging in click on "Compensation Report/Update" and follow instructions.

Note: The effective date for changes entered will be 1st of the following month.

PENSION DUES CONTRIBUTION

Employer Contribution : _____% Effective Date: ____/____/____
MM DD YYYY

Note: Effective change dates after the 1st of the applicable month will be entered on the 1st of the following month.

On behalf of the employer, the undersigned hereby agrees to make payments to the Pension Boards for the above stated member, based on the effective date and salary data shown.

Name of authorized officer: _____
Please Print

Signature authorized officer: _____ Date: ____/____/____
MM DD YYYY

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.